



**THE CITY OF SELMA
CODE ENFORCEMENT DIVISION
1710 TUCKER STREET
SELMA, CA. 93662
PHONE: 559-891-2206 FAX: 559-896-1068**

BUSINESS LICENSE INFORMATION

Dear Business Owners,

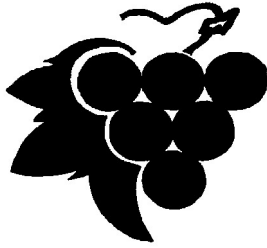
On behalf of the City of Selma Code Enforcement Division we welcome you to Selma. Before opening your business in the City, please be aware of the following rules regarding the issuance of your business license:

1. You are hereby notified that the filing of the business license application does not authorize the applicant to conduct business until it is formally approved.
2. Building permits are required for all building changes, additions and remodels. Building permits are also required for installation of new signs or alterations to existing ones. Please call 559-891-2208 for information on building permits.
3. Your business operation and building will be inspected annually relative to Fire and Building Codes, and your business license reviewed on an annual basis at the time of renewal, to assure continued compliance with all applicable City Ordinances.
4. Failure to obtain permits where required or otherwise comply with City Ordinances will be cause for denial of your business license.
5. Your license is valid only for the address on the application. A change in location requires re-application for licensure. Multiple locations require a separate license for each location.
6. Some business uses require a Conditional Use Permit as per the Selma Municipal Code. Examples of such uses are: alcoholic beverage sales at restaurants and bars, live entertainment, video arcades and other uses which require special consideration to be compatible within the zoned district.
7. A site plan review is required if the business is changing the use of the property.

Note—this is an application for a business license and it is understood that a business cannot be conducted until a license is issued by the City of Selma. (I) (We) further understand if a business is conducted prior to issuance of a business license, it shall be grounds for revocation of the license as well as any other penalties provided for by law. (I) (We) further state that (I) (We) understand all of the ordinances of the City of Selma that pertain to the operation of a business within the jurisdiction of the City. (I) (We) further understand our business is listed in this zoning district as a Permitted Use.

SIGNATURE AND TITLE OF AUTHORIZED PERSON MAKING THIS APPLICATION:

Signature _____ Date _____



THE CITY OF SELMA

1710 TUCKER STREET
SELMA, CA. 93662
PHONE: 559-891-2205
FAX: 559-896-5223

Thank you for filing an application for a City of Selma Business License. The business license fees you pay help fund many important services within the City of Selma, such as police, fire protection, street maintenance, parks and the recreation department. To assist you in getting your business started, and before completing and filing this application, please read the information below.

PAYMENT OF BUSINESS LICENSE:

Depending upon your business type, business license fees are paid either as a fixed amount or an amount based upon the gross receipts of the business done within the City of Selma. Business licenses must be renewed on an annual basis. It is the responsibility of the business owner to renew your license in a timely manner. The City will mail courtesy renewal notices to the mailing address of record. However, if you do not receive a courtesy notice, you are not excused from this requirement. Penalties are imposed for late renewals,

CHANGES OF INFORMATION:

The Finance Department must be notified immediately if any information contained on the application changes or if the business closes, is sold, or moves out of the City of Selma. You can contact the Finance Department at (559) 891-2205. You also can provide the changes in writing or visit our office at 1710 Tucker Street.

EXAMINATION OF RECORDS:

Any holder of a Business License must keep complete records of all business transactions, including sales, receipts, purchases and other expenditures. These records must be made available for examination by the City, if requested. Per the City of Selma Code Sec.5-1-11: Authorized employees of the City may examine, audit and inspect such books and records of any licensee or applicant for license as may be necessary, in their judgment, to verify or ascertain the amount of license due. Such records must be maintained for a period of at least three years.

MULTIPLE LOCATIONS:

In most instances, a separate business license must be secured for each location of the same business within the City of Selma.

BUILDING PERMITS:

Building permits are required if you will be constructing any building improvements, installing electrical circuits, installing additional plumbing improvements or installing a sign.

SIGN PERMITS:

Sign permits are required for any new signs which will be placed at the business site. A permit is also required for temporary signs.

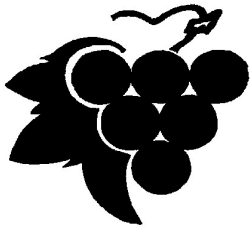
SITE PLAN REVIEW:

A site plan review is required if the business is substantially different from the previous use of the property.

CONDITIONAL USE PERMIT:

Some uses require a conditional use permit as per the Selma Municipal Code. Examples of such uses are: Alcoholic beverage sales at restaurants and bars, live entertainment, video arcades, and other uses which require special consideration to be compatible with the neighborhood.

Please contact the Community Development Department concerning building permits, sign permits, site plan review or conditional use permits prior to opening your business. They can be contacted at: (559) 891-2200



THE CITY OF SELMA

1710 TUCKER STREET

SELMA, CA. 93662

PHONE: 559-891-2205

BUSINESS LICENSE APPLICATION

***BUSINESS LICENSE WILL BE ISSUED WHEN ALL INSPECTIONS AND APPROVALS ARE COMPLETED
BUSINESS WILL BE IN VIOLATION OF THE CITY OF SELMA'S BUSINESS LICENSE CODE IF START DATE
IS BEFORE ISSUANCE OF BUSINESS LICENSE***

BUSINESS NAME (include DBA): _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____

DESCRIPTION OF BUSINESS ACTIVITY: _____

DATE BUSINESS WILL START: _____

OWNERSHIP INFORMATION

OWNERS NAME _____

OWNERS NAME _____

SOLE PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

E-mail Address _____

IF BUSINESS IS LOCATED IN SELMA, PLEASE COMPLETE THE FOLLOWING INFORMATION

PROPERTY OWNER'S NAME: _____

PHONE NO: _____

BUSINESS IS : COMMERCIAL LOCATION WITHIN THE CITY: _____

RESIDENTIAL LOCATION WITHIN THE CITY: _____

LOCATED OUTSIDE THE CITY LIMITS: _____

NO. OF EMPLOYEES: F/T _____ P/T _____

SQUARE FOOTAGE OF BUILDING: _____ ZONING _____

FOR OFFICIAL USE ONLY

DATE APPLICATION REC'D: _____ By: _____

DATE REFERRED TO DEPTS: _____

DEPUTY CITY MANAGER

FINANCE DIRECTOR

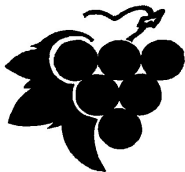
FIRE MARSHALL

PLANNING DEPARTMENT

APPROVED

DISAPPROVED

DATE



THE CITY OF SELMA
1710 TUCKER STREET
SELMA, CA. 93662
PHONE: 559-891-2205

BUSINESS NAME (include DBA): _____

FULL NAME OF ALL OWNERS: _____

TITLE OR POSITION: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

FULL NAME OF ALL OWNERS: _____

TITLE OR POSITION: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

FEDERAL EMPLOYERS I.D. NO: _____

OR SOCIAL SECURITY NO: _____

STATE EMPLOYER I.D. NO: _____

STATE SALES TAX NO: _____

DRIVERS LICENSE NO: _____

=====

ESTIMATED GROSS RECEIPTS FOR UPCOMING YEAR: _____

ADMINISTRATION FEE:	\$	30.00	* annual fee
APPLICATION FEE:	\$	205.00	*if the Business is located in Selma
STATE MANDATED FEE :	\$	4.00	
BUSINESS LICENSE FEE:	\$		*see fee schedule
PEDDLERS PERMIT:	\$		

TOTAL FEES: \$

SIGNATURE OF BUSINESS OWNER: _____

*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx

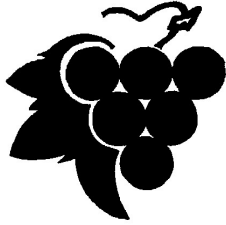
The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.ccda.ca.gov

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FOR OFFICIAL USE ONLY

DATE PAID: _____	FEE AMOUNT PAID: _____	RECEIVED BY: _____
CHECK NO: _____	CASH/CREDIT CARD: _____	



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BUSINESS LICENSE FEE SCHEDULE:

GROSS RECEIPTS

\$1.00 PER \$1,000.00 OF GROSS RECEIPTS.

MINIMUM AMOUNT \$50.00 PER YEAR

MAXIMUM AMOUNT \$700.00 PER YEAR

(example: \$ 100,000.00 gross receipts equals business license fee of \$100.00)

CONTRACTORS:

FLAT FEE OF \$55.00 PER YEAR

DELIVERY AGENTS (OF BUSINESS TRANSACTED IN SELMA):

FEES ARE BASED ON GROSS RECEIPTS:

0-	5,000	\$25.00
5,001-	25,000	40.00
25,000 +		50.00

HOME OCCUPATION PERMITS:

APPLICATION FEE \$455.00

FEES ARE BASED ON GROSS RECEIPTS:

0-	5,000	\$10.00
5,001-	25,000	20.00
25,001-	50,000	50.00
50,001-	200,000	75.00
200,001-	500,000	100.00
500,001 -	1,100,000	150.00
1,100,001 +		200.00

PEDDLERS:

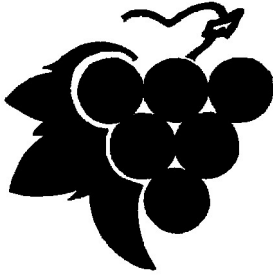
FEES ARE BASED ON THE NUMBER OF PEOPLE WORKING IN THE CITY:

ONE PERSON	\$100.00
TWO OR MORE	200.00

APPLICATION FEE \$205.00 *ONLY FOR BUSINESSES LOCATED IN SELMA

THE APPLICATION FEE IS CHARGED ONLY ON THOSE BUSINESSES LOCATED IN SELMA.

THE TWO QUESTIONNAIRES AT THE BOTTOM OF THE APPLICATION ARE ALSO FOR BUSINESSES LOCATED IN SELMA ONLY.



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SELMA, CA. 93662

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Dear Selma Business Owner:

The City of Selma requests that all business located in Selma provide their emergency contact information to the Police and Fire Department. This information is routinely collected during either the purchase of a new business license or during the renewal of an existing license. It is important that all emergency contact information be updated as changes occur in order for City of Selma emergency personnel to have the most current information.

If your building has an alarm, please provide the alarm company name and phone number. Please include a primary and a secondary emergency contact person along with a home phone number or cell phone number. Please do not use the phone number of your business as an emergency contact number on this form since emergency personnel may need to contact you after normal business hours.

Please complete this form and return it to Selma City Hall Finance Department.

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BUSINESS NAME: _____

BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

PRIMARY CONTACT PERSON: _____

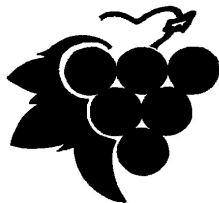
HOME PHONE NO: _____ CELL PHONE NO: _____

SECONDARY CONTACT PERSON: _____

HOME PHONE NO: _____ CELL PHONE NO: _____

ALARM COMPANY: _____

ALARM COMPANY PHONE NO: _____



THE CITY OF SELMA

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NEW BUSINESS ASSISTANCE

Agencies you may need to contact before starting a business

Fresno County

FICTITIOUS BUSINESS NAME:

If you conduct business under a name other than your own, this will be required

Fresno County Clerk

2221 Kern Street

Fresno, CA 93721

559-600-2575

WEIGHTS & MEASURES

Fresno County Department of Agriculture

1730 S Maple

Fresno, CA 93702

559-600-7510

RESTAURANTS/FOOD PEDDLERS

Fresno County Health Department

1221 Fulton Mall

Fresno, CA 93721

(559) 600-3357

LIQUOR/WINE & BEER SALES

Alcoholic Beverage Control Department

3640 E. Ashlan Avenue

Fresno, CA 93726

559-225-6334

STATE INCOME/CORPORATE INCOME TAX

State of California

Franchise Tax Board

2550 Mariposa Street, Third Floor, Rm 3002

Fresno, CA 93721-2272

1-800-400-7115

559-248-4219

EMPLOYER REPORTING:

Employment Development Department

1050 'O' Street

Fresno, CA 93721

1-888-745-3886

SALES TAX/SELLER'S PERMIT

State Board of Equalization

8050 N. Palm Ave Ste 205

Fresno, CA 93711

1-800-400-7115

559-440-5330

CONTRACTORS LICENSE

State Contractors Licensing Board

www.cslb.ca.gov

1-800-321-272

FEDERAL EMPLOYER ID NUMBER

Internal Revenue Service

5104 N Blythe

Fresno, CA 93722

1-800-829-1040

WASTE MANAGEMENT

5608 s. Villa Ave.

Fresno, CA 93725

559-891-7694



City of Selma

Business License Questionnaire

Business Name: _____ Associated Permit Number: _____

Business Address (include Unit/Suite #): _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Fully describe/explain the nature of the business below in the space provided and then answer each question listed below.

Yes No

1. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time? _____
2. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____
3. Is this a home business? If Yes, you must apply for a Home Occupation Business License.
4. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
5. Will your business sell, distribute, or cultivate medical marijuana? _____ **(Business Owner Initials)**
6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____
7. Will the business operation include the preparation of food or beverages?
8. Will this business change the occupancy of the building or space being used? Example: Change from office to a retail use. If yes, please explain: _____
9. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
10. Will the business operation include washing of any equipment or vehicles?
11. Will the business operation include the repair or maintenance of motor vehicles?
12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?
14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing?

17. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION

Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner from obtaining the required building permits for previously unpermitted construction or any proposed improvement.



SELMA-KINGSBURG-FOWLER COUNTY SANITATION DISTRICT

P.O. Box 158, 11301 East Conejo Ave.
Kingsburg, CA 93631
Phone (559) 897-6500
Fax (559) 897-1985

For District Use

Date: _____

Received By: _____

Comments: _____

COMMERCIAL SEWER CONNECTION APPLICATION

APPLICATION TO: <input type="checkbox"/> CONNECT TO NEW SERVICE <input type="checkbox"/> MODIFY EXISTING SERVICE			
CITY: <input type="checkbox"/> SELMA <input type="checkbox"/> KINGSBURG <input type="checkbox"/> FOWLER			
PART I: PROPERTY INFORMATION:			
Owner Name:			
Property address:			Property APN:
City:	ZIP Code:		Phone:
Annexation Res. No:	Year:	Tract:	Lot:
Company Name:		Contact Person:	
Mailing Address:			
City:	ZIP Code:		Phone:
PART II: ORDINANCE CLASS TYPE, NO. UNITS			
User Class: Commercial		Total SF of Building Area:	
<input type="checkbox"/> Restaurant		No. of Seats:	
<input type="checkbox"/> Office		Total SF:	
<input type="checkbox"/> Retail		Total SF:	
<input type="checkbox"/> Other		Total SF:	
Complete Part III of this application.			
Attach a copy of the completed City Planning/Building permit application with this application.			
CERTIFICATION			
I certify that the information provided to S-K-F CSD presented above is true and correct and represents an accurate assessment of my requirements and intended use and that said use will be in compliance with all district ordinances, rules, and regulations. The information provided above will be used to calculate the connection fee for the project.			
Print Name of Owner/Agent:			Position:
Signature of applicant:			Date:

PART III: COMMERCIAL USE INFORMATION:

1) Describe the type of business operation at this facility:

2) Will hazardous materials, and or process wastes, be generated, stored, treated, or disposed of at this location ? ☐ Yes ☐ No

If yes, describe the nature and quantity of material or process wastes. Provide material EPA ID number (if available).

3) Is a Hazardous Materials Business Plan (HMBP) required to be filed with the local fire department? ☐ Yes ☐ No

4) List any hazardous waste material permits or processing permits required, issued, or applied for.

5) Will there be any discharge of non-residential wastewater, hazardous waste, or process waste to the sewer? ☐ Yes ☐ No

If Yes, describe the nature of the sewer discharge and estimate the daily volume of discharge.

Permit Calculated

